

GRANBY PARKS & RECREATION DEPARTMENT

SUMMER 2010 YOUTH PROGRAM REGISTRATION FORM

Please complete one (1) form per person



NAME _____

HOME PHONE _____

ADDRESS _____

ZIP _____ DOB _____

AGE (6/1/10) _____ (under 18 only) SCHOOL _____

GRADE as of 9/2010 _____

FATHER'S NAME _____

PHONE (W) _____

MOTHER'S NAME _____

PHONE (W) _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT: _____

PHONE: _____

PHYSICAL LIMITATION or MEDICAL PHYSICAL RESTRICTIONS?

I AM REGISTERING FOR:

_____ BCGS Girls Lacrosse Camp								
_____ Bear's Girls Only Basketball Camp	I/Grades 3-5 _____	II/Grades 6-8 _____	Shirt Size _____					
_____ Bear's Boys & Girls Basketball Camp	I/Grades 1-5 _____	II/Grades 6-8 _____	Shirt Size _____					
_____ Challenger Soccer	Mini _____ 1/2 Day _____	Full Day _____	Shirt Size _____	Ball Size _____				
_____ Chris Corkum Baseball Camp								
_____ Summer Field Hockey Clinic								
_____ Fall Field Hockey Clinic	Wells _____ Kelly _____							
_____ Fall Wrestling	I am a current member _____	I need a membership _____						
_____ Flag Football	I _____ II _____							
_____ Future Pros	I _____ II _____							
_____ Inspire Works	Woodworking _____ Potions _____	Engineer _____	Sculpting _____	Slime _____				
_____ Jr. Golf League	7/21 _____ 7/28 _____ 8/4 _____	8/11 _____	8/18 _____	8/25 _____				
_____ Jr. Golf Camp	I _____ II _____	III _____						
_____ Kangaroo Field Hockey Clinic	Years Experience: V _____	JV _____	Beginner _____	Position played _____				
_____ Let's Gogh Art	Under the Sea _____	Rainforest _____	Princesses & Pirates _____					
_____ Mystic Field Hockey Fitness								
_____ Performing Arts Camp								
_____ Play Well TEKologies	Session I/ Engineering Fundamentals _____	Session II/ Pre-Engineering _____						
_____ Riding Camps	I _____ II _____ III _____ IV _____ V _____ VI _____	I need early drop-off _____/late pick-up _____						
_____ SkyHawks Mini Hawks	I _____ II _____							
_____ SkyHawks Tiny Hawks								
_____ Summer Band Camp	Week: #1 _____ #2 _____ #3 _____	Instrument _____	Years Experience _____					
_____ Add't'l Family Member	Week: #1 _____ #2 _____ #3 _____	Instrument _____	Years Experience _____					
_____ Summer Choral Camp	Week: #1 _____ #2 _____ #3 _____							
_____ Add't'l Family Member	Week: #1 _____ #2 _____ #3 _____							
_____ Teen Sizzlers:	6/24 _____ 7/15 _____	7/29 _____	8/12 _____					
_____ Tiger Golf Camp	I _____ II _____							
_____ US Sports Beginner LAX	Shirt Size _____							
_____ US Sports Cricket Camp	Shirt Size _____							
_____ US Multi-Sport Camp	I _____ II _____	Shirt Size _____						
_____ US Sports Squirts	Shirt Size _____							
_____ Youth Tennis Clinics	Beginners I _____ II _____ III _____ IV _____ V _____							
	Times _____							
	Intermediates I _____ II _____ III _____ IV _____ V _____							
	Times _____							

Soccer Registration Rear Cover
SBP, Day Camp & Swim Lessons
Middle of Booklet

Number of Activities Registered _____ Non-Resident Fees (\$5pp per program)

Am't Enclosed \$ _____



LIABILITY RELEASE: In the event I or my child needs emergency hospital or medical care while participating in a Granby Recreation-sponsored program and I cannot be reached, my hospital preference is _____. I give permission for the hospital to give such treatment as is considered necessary or desirable by medical judgment, including the administration of anesthesia. If it is necessary to transport by ambulance, I give permission for transportation and agree to assume all expenses incurred by that transportation. I agree to assume all medical expenses for any injury incurred while participating in a Granby Recreation-sponsored program. I understand that there is a certain amount of inherent risk in any activity or sport and I assume the risk of injury I or my child may suffer while participating in a Granby Recreation-sponsored program and will not hold the Town of Granby or its instructors liable for any injuries which my child may suffer while participating in its programs. ☐ I give permission for my/my child's picture to be used in future advertising material.

When paying by mail with a check, please include a copy of your driver's license (unless we have one on file).

Signature [Parent/Guardian if under 18]

Date

For Office Use Only: Date Rec'd _____ Cash _____ Check # _____